



Kansas Department of Health and Environment

Adult Care Home Program FACT SHEET

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Implementation of MDS Version 2.0

All adult care homes licensed as nursing facilities and long term care units of hospitals participating in the Medicare and Medicaid programs will be required to perform standardized assessments using the Minimum Data Set Version 2.0 beginning July 1, 1997. Training workshops for the MDS Version 2.0 will be held in various locations across the state beginning in March. A specific training will be scheduled in June for Nursing Facilities for Mental Health.

Training for facility staff who complete the comprehensive resident assessment will be held at the following dates and locations:

Topeka	March 25
Wichita	April 2
KC Area	(Date and place not confirmed)
Manhattan	April 30
Dodge City	May 7
Hays	May 20
Wichita	May 22
Pittsburg	June 3
Topeka	June 10 (NF/MH)

KDHE will provide each nursing facility and hospital long term care unit one copy of the **Long Term Care Resident Assessment Instrument User's Manual Version 2.0**. Facilities may copy the manuals or purchase additional manuals from vendors. When facilities choose to purchase a manual, they should ensure that the manual is an exact replica of the Health Care Financing Administration manual.

The Kansas Health Care Association and the Kansas Association of Homes and Services for the Aging have agreed to assist the bureau in this project. Enrollments for the workshops will be handled by the Kansas Health Care Association. Brochures will be mailed to all facilities by the Kansas Association of Homes and Services for the Aging. Enrollment will be limited to four participants from each facility to ensure that all facilities have the opportunity to have staff attend a workshop. Facilities which choose not to send a staff member to a workshop will be mailed a manual the third week of June.

The *Fact Sheet* is published by the Kansas Department of Health and Environment.

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MDS Version 2.0 Train the Trainer Workshops

Two Train the Trainer workshops will be held to prepare registered nurses to teach the MDS 2.0 workshops. Locations and dates are as follows:

Topeka	March 18 & 19
Wichita	September 17 & 18

Enrollment will be limited. Registered nurses may apply to attend the March 18 and 19 workshop by completing the application form included with this *Fact Sheet*. **Applications must be received by KDHE by February 1, 1997.** All applicants will be notified as to whether or not they are accepted for the workshop. Specific information concerning the location, time and costs of the workshop will be mailed to all selected applicants.

New Regulations

A public hearing will be held on January 9, 1997 at 10:00 a.m. at the Topeka & Shawnee County Public Library, 1515 SW 10th Street. Opportunity will be available for written and oral comments on the proposed amended regulations for adult care homes and nursing facilities and proposed regulations for assisted living and residential health care facilities. Following the hearing, all written and oral comments will be reviewed and appropriate changes will be made in the proposed regulations. All changes will be reviewed by the Department of Administration and the Attorney General's office.

The regulations will be submitted to the Secretary of Health and Environment for adoption. The regulations will be implemented fifteen days after the secretary's adoption. Each licensed facility will receive a copy of the regulations. Assisted living and residential health care facilities will receive copies of the functional capacity screen manual and instrument.

Changes in Care Practices in Kansas Nursing Facilities

Use of Physical Restraints

The use of physical restraints on residents in Kansas nursing facilities has dramatically decreased in the last two years. The MDS+ data base indicated that in the first quarter of 1994, 4,384 residents were reported to be restrained with trunk restraint, limb restraint or placed in a chair which prevent the resident from rising. This was 16.6% of the residents in the data base. In the first quarter of 1996, 1,766 residents were restrained. This was 6% of the residents in the data base. This change in care practice in Kansas is dramatic. In 1990, it was estimated that 60% of residents in nursing facilities were restrained. The staff of nursing facilities need to take great pride in this change in practice.

Prevalence of Pressure Ulcers

In the first quarter of 1994, 2,409 residents were reported as having a pressure ulcer. This was 9 percent of the residents in the data base. One hundred and ten residents were reported as having a stage IV ulcer. In the first quarter of 1996, 2,049 residents were reported as having a pressure ulcer. This was 7% of the residents. Stage IV ulcers were reported in 133 residents.

Use of Psychoactive Drugs

Data for the first quarter of 1994 compared to the first quarter of 1996 indicated that there was little change in the use of antipsychotic, hypnotic and antianxiety drugs for residents in nursing facilities. The percentage of use in 1994 was 15% of residents and in 1996, 16% of residents.

There was a significant increase in the percentage of residents in Kansas nursing facilities receiving antidepressant drugs. In the 1994, 17% of the residents were reported to be receiving an antidepressant drug. The percentage in the first quarter of 1996 was 25%.

Credentialing Update

Interstate Reciprocity: A nurse aide certified in another state must take the Kansas nurse aide examination. An Interstate Verification form must be completed and returned to this office along with the required \$10.00 certification fee and a copy of the nurse aide's social security number. Health Occupations Credentialing (HOC) must receive the form at least three weeks prior to the requested examination date, however, this does not guarantee they will receive the requested date. Once the nurse aide has received the approved form with an examination date on the back page, the nurse aide can work as a Trainee II for four months.

CMA and HHA Registry Verifications: HOC cannot offer advice on issues regarding employment of medication aides or home health aides. Questions must be answered by referring to facility or agency regulations.

- Findings of abuse, neglect or exploitation (ANE) are entered on an aide's Kansas Nurse Aide Registry (KNAR) record after administrative notice and/or hearing has occurred. Federal and state nursing facility regulations prohibit the employment of individuals who have a finding of ANE on the KNAR record. However, such prohibition does not currently exist in home health regulations.
- State home health regulations require "reference checks and a personal interview prior to employment;" and that each employee of the agency... "shall be responsible for reporting in accordance with agency policies and K.S.A. 39-140 et seq., and amendments thereto, any evidence of abuse, neglect, or exploitation..." There is no federal requirements for home health agencies to check the KNAR, nor are there requirements prohibiting employment if there are adverse findings. However, KNAR findings are considered open records, therefore this information can be made available to the public.
- If an individual, whether nurse aide, home health or medication aide, does not provide evidence of having performed nursing or nursing-related tasks for a period of 24 consecutive months, the KNAR record is in inactive status. Federal regulations for certified facilities and home health agencies require continuous employment with no break of 24 consecutive months. **CMAs or HHAs considered to be inactive due to a break in employment will not be issued a confirmation letter.**
- Nurse Aides may re-activate their record on the KNAR by successfully completing a skills competency checklist performed in a clinical setting by a registered nurse. Confirmation letters are processed after receipt of a valid, successfully completed skills checklist. Employment should not precede KNAR verification. Surveyors could cite a deficiency of federal Tag F-496 if verification was unavailable in the nurse aide personnel file.

SRS Nurse/Home Health Aide (Para-Professional) Training Project: HOC would like to thank all of the educators and associations that evaluated the draft of the 110-Hour Dual Curriculum Guidelines. There were excellent comments and suggestions given. Some suggestions were included in the final draft, and the others will be reconsidered when the guidelines are re-evaluated after the completion of the project. Special thanks goes to Janette Pucci and the Board of Nursing for contributions towards the project.

Quality Improvement: HOC is reviewing the aide training programs to determine areas that need quality improvement. Staff are looking at such things as trends in test scores, program complaints, the types of abuse findings on the KNAR, as well as considering information to be included in instructor training programs to meet the goal of aide training program improvement. HOC staff will make selected on-site visits to verify the quality of an individual training program.

Employment Verifications: In compliance with federal requirements, only individuals who have performed nursing or nursing-related services within the last 24 months are eligible to remain listed on the KNAR. KDHE/HOC is again asking employers (adult care homes and home health agencies) to provide verifications. Listings of certification numbers, social security numbers, names and addresses for credentialed individuals (CNAs, HHAs, and CMAs) working at least eight hours during the period June 1, 1996 to December 31, 1996 are to be sent to HOC by **January 30, 1997**. Enclosed with this *Fact Sheet* is form HOC101. Computer printouts that include this same information are acceptable. Please submit these forms with the annual and semi-annual reports. If you have any questions, please call Pam Oswalt (296-1251) or Marcia Boswell-Carney (296-6647).

Non-licensed, Non-certified Programs: HOC recently finished combining the policies and procedures for Operator training courses with the Activities Director and Social Services Designee courses to create an integrated approval program. Sponsors of AD/SSD or Operator courses must obtain a packet which contains the requirements and a prior approval application for all three courses, and submit the application to HOC. All three courses may be pre-approved for up to a year, allowing sponsors to offer the courses as needed by simply informing HOC when and where the course will be offered.

Of special note is the Operator training course, which is ready to be offered by interested sponsors. At the time of this mailing, there has not been an Operator training course scheduled. The requirements have been sent to potential sponsors and as soon as an application is received, HOC will process the review and approval. A mailing list of those needing to complete the course has developed. As soon as a course is scheduled, the sponsor may request the mailing list of those individuals from HOC.

Speech Pathologist and Audiologist Common Renewal Date: The realigning of licensure renewal dates for speech-language pathologists and audiologists began November 1, 1996. Renewal notices are being sent that explain the license renewal procedure for the next two to four years. The highlights of the change are as follows:

- The license currently held by each licensee is **still** in effect. The license is good until the date on the card expires. Each licensee should check his or her license card to determine the expiration date.
- At the next renewal, each licensee will receive a license that will have a unique duration of at least 12 months, but no longer than 24 months. This license will have an expiration date of October 31.
- The renewal notice will specify the fee and continuing education (CE) required at renewal time. The notice will also outline the next two expiration dates for each licensee.

Keep in mind that the renewal fee always pays for the **next** licensure period, while the CE requirement is for the two year period that is ending.

The following is a sample, with notes in parenthesis, of a renewal notice for someone whose license expires in May 1997:

"To renew your license by its expiration date (May 1997), your fee is \$102.00 (fees are for the next license period of June 1997 to October 1998) and you must verify at least 20.00 hours of department approved CE (CE requirements are for the two year period about to expire - May 1997; in this case). Your next license expiration date will be October 31, 1998. At that time, you will be required to verify at least 14.0 hours of department approved CE (pro-rated for the license period of June 1997 to October 1998) and pay a renewal fee of \$135.00. Your license will then expire October 31, 2000 (license period will always be two years at this point).

HOC appreciates the patience of all the licensees during this change, and will continue to update the progress of this project.

Continuing Education: Beginning November 1, 1996, HOC will no longer maintain computerized records for speech language pathologists and audiologists. This completes the change for all three HOC license programs. Please pass the following information to all dietitians, administrators, speech pathologists and audiologists:

- The Continuing Education Transcript (CET) is to be used only at **renewal** time, and should only list CEs that have received either a prior approval or subsequent approval number from HOC. If a licensee has CEs that have not received approval, the Application for Subsequent Approval for Continuing Education must **still** be used.
- Licensees who attend programs that have received prior approval from HOC need send **nothing** to this office. At renewal time, each licensee should enter the approval number, title and hours onto the CET. **NOTE:** Sponsors **must** award each licensee a certificate with the above mentioned information listed.

Dietitian Renewal: On December 27, 1996, HOC will be sending license renewal notices to dietitians who must renew their licenses by February 28, 1997. Changes this year are:

- HOC is no longer printing the licensee's CE record as part of the renewal application.
- The dietitian is required to report the accumulation of at least 15 clock hours of department approved CE on a CET included in the renewal packet.
- A percentage of CETs will be randomly audited according to set professional auditing procedures. When a CET is chosen for audit, the licensee will be requested to submit all documents verifying hours listed on the CET. These documents may include, but are not limited to, copies of certificates of attendance at department prior approved programs, copies of department approved subsequent approval applications, objectives, and agendas or time-frames.
- Payment of fees must be made by money order, certified check, or corporate check; personal checks cannot be accepted. For safety reasons, please do not mail cash. However, cash will be accepted if payment is made in person.

HOC urges the licensees to submit their applications well before the expiration date to avoid paying the late fee.

Credit Cards: HOC was asked by one of the professional associations to consider the use of credit cards for the payment of licensure and certification fees. Unfortunately, we were notified by the Office of General Services that the Department of Health and Environment does **not** have the means to accept credit cards as payment for licensure and certification fees.

Quality Improvement Program

The Bureau of Adult and Child Care's Quality Improvement Program staff is now publishing a bi-monthly newsletter, the *Quality Improvement Newsletter*. The newsletter will be distributed to provider members by the Kansas Health Care Association, the Kansas Association of Homes and Services for the Aging, and the Kansas Professional Nursing Home Administrators Association.

Resources for Quality Care

- The Kansas Public Health and Environmental Information Library - (K-PHEIL) is now located at Kansas State University. A copy of the complete K-PHEIL catalog has been provided to KHCA, KAHSA, and KPNHAA. Enclosed with this copy of the *Fact Sheet* is a listing of videos from the library specific to the care of older adults. Please maintain an original copy of the order sheet for future use.
- Care of Catheter Drainage Bags - An increasing number of residents with indwelling catheters are using leg bags during the day and changed to a regular urinary drainage bag at night. Maintaining the cleanliness of the drainage bags is essential to protect these residents against urinary tract infections. Leg bags and urinary drainage bags may be reused if meticulous care is taken to ensure the cleanliness of the bags and the urinary drainage system. A procedure for care of catheter drainage bags can be found in **Urological Nursing: Principles and Practice**, by Karen A Karlowicz. A copy of this book can be obtained through the State Library Interlibrary Loan Service.
- An Infection Control Workshop for nursing facilities and hospitals will be held March 5, 6, and 7, 1997 in Hutchinson. The workshop is sponsored by KDHE in cooperation with the Kansas Hospital Association and the Association of Practitioners in Infection Control. Brochures will be mailed by KHA in January.

ANE ISSUE STATISTICS 10/1/96 to 12/16/96
Complaint Calls Assigned for Investigation

ANE Investigations

Total

Oct	138
Nov	99
Dec	41

Care Issues Investigated

Total

Oct	123
Nov	106
Dec	46

Alleged CNA/CMA Perpetrators - Administrative Review
7/1/96 to 12/16/96

Total Cases Reviewed	Admonishment Letter	Pending	To Registry	Dropped
74	43	18	27	3

*Licensure Category

Civil Penalties

Correction Orders

1996 Quarters

	1st	2nd	3rd	4th	1st	2nd	3rd	4th
Inadequate or inappropriate hygiene and skin care	5	6	10		32	49	40	
Inadequate or unqualified staffing	1	5	4		12	37	22	
Inoperable or inaccessible call system	-	-	-		2	2	7	
Inappropriate or unauthorized use of restraints	-	1	-		11	10	11	
Unsafe medication administration or storage	-	1	-		6	9	8	
Inadequate nursing services other than skin care	1	8	8		48	54	52	
Inadequate or inappropriate asepsis technique	-	-	-		8	11	3	
Inadequate or inappropriate dietary/nutritional services	2	6	4		23	21	20	
Unsafe storage of hazardous or toxic substances	-	-	-		2	2	3	
Failure to maintain equipment	2	1	4		9	3	5	
Resident right violations	3	3	6		7	15	24	
Unsafe high water temperature	2	-	1		9	2	4	
Inadequate hot water	-	-	-		-	-	-	
General sanitation and safety	1	1	-		4	18	9	
Other (including inappropriate admission)	-	2	2		-	14	9	
Inadequate rehabilitation services	-	-	-		1	-	1	
Civil Penalties	13	18	26					
Correction Orders					77	92	80	
Bans on Admission	3	3	2					
Denials	4	1	0					

* A correction order or civil penalty may consist of multiple issues summarized within the licensure categories above.